

NORTH CAROLINA DIVISION OF AGING

And

_____ AREA AGENCY ON AGING

MONITORING TOOL FOR ADULT DAY CARE/DAY HEALTH CARE

Community Service Provider: _____

Review Date: _____ State Fiscal Year: _____

Interviewer: _____

Person(s) Interviewed and Title: _____

PROGRAM ADMINISTRATION

1. The Adult Day Care/Day Health Care program holds a current certification from the North Carolina Division of Social Services. Yes_____No_____
- (Page 2 of the Adult Day Care/Day Health Care Services Standards)

Documentation verifying compliance: _____

Comments: _____

Monitoring of Adult Day Care/Day Health Care providers for compliance with the North Carolina Division of Social Services certification standards will be conducted by local departments of social services. The local departments of social services will notify Area Agencies on Aging if the Adult Day Care/Day Health Care provider's certification status has been changed to provisional status or withdrawn. Area Agencies on Aging will also be notified when provider's certification is reinstated.

Area Agencies on Aging will monitor Adult Day Care/Day Health Care providers regarding unit verification. The following unit verification questions are to be used in verifying units reported and reimbursed.

Unit Verification

Verified source documentation exists that unit(s) reported, and for which reimbursement has been received, were in fact received by the specific person on the date(s) indicated on the Unit of Service Report – DoA ZG901, 902, 903, or comparable document.

Yes _____ No _____

SOURCE DOCUMENTATION for Adult Day Care/Day Health Care service is the _____, located in _____.

If the DoA ZG901, 902, 903, or comparable document contains 10 or fewer clients reported as receiving a unit(s), sample all persons and all units. If 11 or more persons are reported, sample 10% of the persons, or not less than 10, and all units reported for each person in the sample.

Attach {as part of work papers} Unit of Service Report used to sample clients and units. IDENTIFY ON THIS REPORT the names of the persons sampled and the sampled date(s) on which units were reported as being provided as being provided.

Number of UNITS found unverifiable:

This represents _____ % of the total units reported for the month of _____,

Identify by client the date(s) on which a unit(s) could not be verified:

CLIENT NAME	DATE(S)	VERIFIED UNITS
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[illegible]

Additional Comments:

X	
Signature of AAA Administrator/DoA Staff	Date

(Copy and give to provider if Unverifiable Units are found)

Client Record Review for Service Cost-Sharing

1. A copy of a completed Service Cost-Sharing form which addresses the purpose of Service Cost-Sharing, the total cost of the service; the agency's procedures for requesting Service Cost-Sharing, and a statement indicating that services will not be terminated for failure to share in the cost of the services received is in the service recipient's file. Yes _____ No _____
(Page 116 of the Home and Community Care Block Grant Procedures Manual for Community Service Providers)

Documentation verifying compliance: _____

Comments: _____

2. A copy of an undated Service Cost-Sharing form exists in the client's file indicating that the following information was reviewed with the service recipient on an annual basis:

- | | |
|--|-------------|
| a) The purpose of Service Cost-Sharing; | Yes___No___ |
| b) the total cost of the service; | Yes___No___ |
| c) the agency's procedures for requesting Service-Cost Sharing; and | Yes___No___ |
| d) that services will not be terminated for failure to share in the cost of the services received. | Yes___No___ |

(Page 113 of the Home and Community Care Block Grant Procedures Manual for Community Service Providers)

Documentation verifying compliance: _____

Comments: _____

In order to review Service Cost-Sharing, pull a random sample of 5-10% of the active files, or not less than 10. If less than 10 files, examine all files. Use the attached questions to review each client file regarding Service Cost-Sharing. After reviewing the client files, complete the questions listed below.

1. _____ (number of client files that contained a completed Service Cost-Sharing form; and
2. out of _____(number) clients that needed an annual update of the Service Cost-Sharing form, _____(number) clients had the Service Cost-Sharing information reviewed with them.

Additional Comments; _____

